

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09742171
APPLICANT(S)

FILING DATE

02-28-01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3	/						53		/				
4	/						54		/				
5	/						55		/				
6	/						56		/				
7	/						57		/				
8	/						58	/	/				
9	/						59		/				
10	/						60		/				
11	/						61		/				
12	/						62		/				
13	/						63		/				
14	/						64		/				
15	/						65		/				
16	/						66		/				
17	/						67	/	/				
18	/						68		/				
19	/						69		/				
20	/						70		/				
21	/						71		/				
22	/						72		/				
23	/						73		/				
24	/						74		/				
25	/						75		/				
26	/						76						
27	/						77						
28	/		/				78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43	/	*	/				93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.	2						TOTAL IND.	3		4			
TOTAL DEP.	25						TOTAL DEP.	45		45			
TOTAL CLAIMS	27		4				TOTAL	48		48			